

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION☒ Original☐ Supplemental☐ Substitute☐ PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL BIOFUNGICIDE

(Title of the Invention)

the specification of which (check one)

☒ is attached hereto☐ was filed on _____ as U. S. Application Serial Number or PCT

International Application Number _____

and was amended _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified, by checking the box below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications			Priority Claimed		Copy Attached	
Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	YES	NO	YES	NO

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below and claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Inventors: DRAHOS ET AL
For: _____
Filed: _____
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Attorney Docket No.: DRAHOS-CIP

Parent Application Number	Filing Date	Status (Mark Appropriate Column Below)		
		Patented	Pending	Abandoned
09/887,379	JUNE 22, '01		✓	

As a named inventor, I hereby revoke all prior powers and appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Attorney and/or Agent	Registration No.
Mishrilal Jain	29,315

Attorney and/or Agent	Registration No.

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Ellicott City, MD. 21042-1537

Direct telephone calls to: Dr. Mishrilal Jain (410) 715-4514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor David J. Drahos

Inventor's signature David J. Drahos Date Jan. 10, 2002

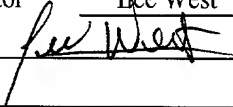
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Inventors: DRAHOS ET AL
For: _____
Filed: _____
Declaration for Patent Application
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Attorney Docket No.: DRAHO-CIP

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Full name of third inventor _____
Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of second inventor _____
Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____

Full name of third inventor _____
Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____
